

PATIENT'S NAME _____ NHI _____

ADDRESS _____

DOB _____ EMAIL ADDRESS _____

PHONE- HOME _____ MOBILE _____

COMP Assessment Committee - Referral Form

Referral Date: _____ SMO: _____ Phone: _____

Other Specialists involved (including Specialist Palliative Care): _____

Cancer Diagnosis and background: _____

Imaging to be reviewed: X-Rays Date _____ Location: (CRG, PACS) _____

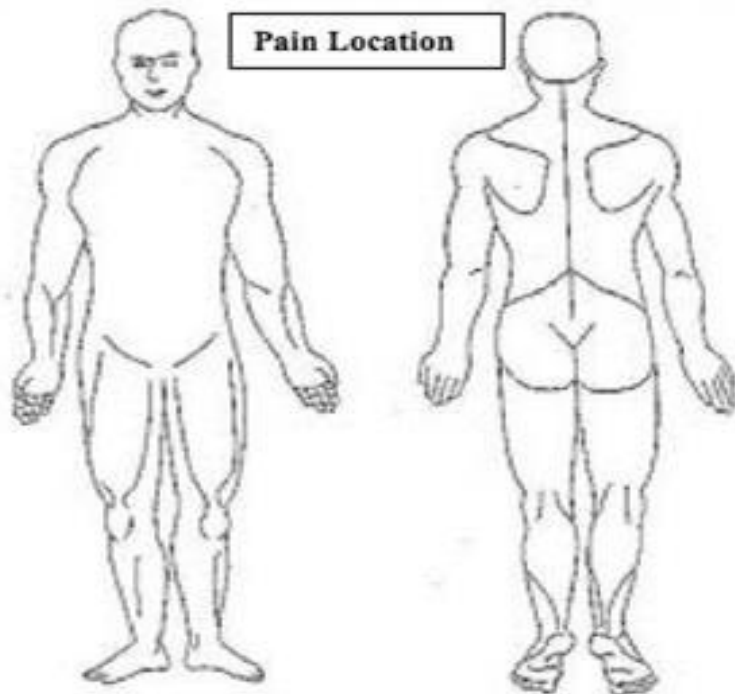
CT Scan Date _____ Location: (CRG, PACS) _____

MRI Date _____ Location: (CRG, PACS) _____

Palliative Performance Score (see over): _____

Reason for referral. _____

Please describe pain(s). Write/draw clearly.



Pain Assessment (PQRST)

Provoking factors _____

Quality _____

Relieving/exacerbating factors _____

Severity (min, max, ave) _____

Timing _____

Current analgesics _____

Previous Radiation Treatment _____

Patient aware of referral Yes No

Inpatient Yes No

Name of admitting SMO, if required _____

PATIENT'S NAME _____ NHI _____

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Palliative Performance Scale (PPSv2)
version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-